



# REGISTRATION PACKET

STUDENT NAME \_\_\_\_\_

STUDENT FSI NUMBER \_\_\_\_\_

TEACHER / GRADE PLACEMENT \_\_\_\_\_

## Documents Required to Register:

- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ 2 Proof of Residence in Registering Parent Name
- \_\_\_\_\_ Photo I.D. of Registering Parent
- \_\_\_\_\_ Report Card/Proof of Promotion for Student
- \_\_\_\_\_ Florida Immunization Certificate & Physical Forms

## Packet Documents to Complete:

1. Registration Form
2. Student Emergency Contact Card
3. Health Concerns Form
4. Email Address Form
5. Release of Records (from previous school)

OFFICE USE: \_\_\_\_\_ GMAIL \_\_\_\_\_ Email Staff \_\_\_\_\_ CLASS LIST \_\_\_\_\_ Enroll COUNT \_\_\_\_\_ C.O.C. \_\_\_\_\_ EMERGENCY CARD \_\_\_\_\_ A04 \_\_\_\_\_ A05/A06



# Student Registration Form

Student #: \_\_\_\_\_ School/Teacher: \_\_\_\_\_ Date: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Entry Code: \_\_\_\_\_

Only the parent/guardian (F.S. §1000.2(15)) who registers the student (i.e., completes this form) may withdraw the student from his/her current school, unless there is documentation of extenuating circumstances indicating otherwise. If the information below changes, it is the parent's/guardian's responsibility to notify the school in writing within 10 school days. The personal information you provide on this form will be kept confidential (in a protected area) and only used and disclosed by school and District staff on a need-to-know basis.

<b>Student's Last Name (Legal)</b>		<b>First Name (Legal)</b>		<b>Middle Name</b>		<b>Affirmed Name</b>	
<b>Student's Primary Home Address</b>				<b>Apt #</b>	<b>City</b>	<b>Zip Code</b>	<b>Gender</b>
<b>Home Phone #</b>				<b>Student's Cell Phone #</b>	<b>Student's E-mail Address</b>		
<b>SSN</b>		<b>Date Student First Entered School in USA</b>	<b>Date of Birth</b>	<b>Birthplace (City/State/Country)</b>			
<small>*Not required for enrollment or graduation. F.S. §1008.386 requires SBPC to request the SSN for its information management system.</small>							
<b>Student Lives With</b>				<b>Ethnicity</b>			
<input type="checkbox"/> One Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Both Parents (same address) <input type="checkbox"/> Independent Student <input type="checkbox"/> Both Parents (different address) <input type="checkbox"/> Other: _____				<input type="checkbox"/> Non-Hispanic or Non-Latino <input type="checkbox"/> Hispanic or Latino			
<b>Registering Parent's Last Name (Legal)</b>				<b>First Name (Legal)</b>			
<b>Registering Parent's Work Phone #</b>				<b>Registering Parent's Cell Phone #</b>			
<b>Non-Registering Parent's Last Name (Legal)</b>				<b>First Name (Legal)</b>			
<b>Non-Registering Parent's Work Phone #</b>				<b>Non-Registering Parent's Cell Phone #</b>			
<b>Non-Registering Parent's Home Address</b>				<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Language Survey (If the answer is "Yes" to any of these questions, the student must be tested for English proficiency.)</b>							
<input type="checkbox"/> Yes <input type="checkbox"/> No				Is a language other than English used in the home?			
<input type="checkbox"/> Yes <input type="checkbox"/> No				Does the student have a first language other than English?			
<input type="checkbox"/> Yes <input type="checkbox"/> No				Does the student most frequently speak a language other than English?			

The student's primary residence is: (Check only one)

owned by the parent/guardian.

shared with someone by choice (not due to financial hardship) with a valid Affidavit of Shared Residency.

rented with a valid lease agreement. Expiration Date: \_\_\_\_\_

shared with someone due to loss of housing, economic hardship or similar reason. (McKinney-Vento eligible)

Is the student's primary residence a:

Yes  No Public space, vehicle of any kind, bus or train station, abandoned building, substandard housing, or similar setting?

Yes  No In low rent housing (such as Section 8 subsidized housing)?

Yes  No Transitional/emergency shelter?

Yes  No On Indian Lands?

Yes  No Hotel/motel, trailer park, or camping ground due to lack of alternative adequate accommodations?

Yes  No On federal property, a federally owned military installation, or NASA owned property?

Is either parent:

Yes  No An active duty member of the uniformed services, including the National Guard and Reserve? If yes, which division? \_\_\_\_\_

Yes  No A veteran, medically discharged, or killed while on active duty from the uniformed services? If yes, which division? \_\_\_\_\_

Yes  No Employed in agriculture or fishing industries anytime in the past three years?

Has the student previously been:

Yes  No Enrolled in Broward County Public School?  Yes  No Retained (repeated the same grade)?

Yes  No Enrolled in a Charter School in Broward County?  Yes  No In Exceptional Student Education (ESE)?

Yes  No Enrolled in a Home Education program?  Yes  No On a 504 plan?

Yes  No Expelled from school?  Yes  No In an ESOL program?

Yes  No Convicted of a felony?  Yes  No In a Magnet program?

Yes  No Involved in the Juvenile Justice System?  Yes  No In Foster Care?

Yes  No Referred for mental health services?  Yes  No In a Gifted program?

Previous School Name(s)	City/State/Country	Year(s) Attended	Grade(s)	Type
				<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home Ed
				<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home Ed

The above information is correct and complete to the best of my knowledge. In the event of a change of name, address, or phone, I will notify the school office in writing within ten (10) days. I understand that students whose parents are found, after appropriate investigation, to have submitted fraudulent information in an effort to enroll a student in a school to which the student is not assigned shall be immediately withdrawn by the school and the parent must enroll the student in the appropriate bountaried school or follow the reassignment procedures. I have read and understand that I must submit appropriate proof of residency documentation, per School Board Policy 5.1. Florida Statutes 8837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. Florida Statutes 892.525 provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of the crime of perjury by false written declaration, a felony of the third degree.

Print Registering Parent Name

Registering Parent Signature

Date



## EMAIL ADDRESS & COMPUTER USAGE REQUEST

In an effort to communicate more efficiently with out parents/guardians and due to the current budget situation, we would like to establish an Email Address database. If you would like us to provide important information including the quarterly Newsletter, please fill out the information below. We will include you in our database. Please rest assured that these email addressed will not be given to anyone other than Harbordale Staff and will be used only to provide important information to you.

Student's Name: \_\_\_\_\_  
Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Mother's Email Address: \_\_\_\_\_  
Father's Name: \_\_\_\_\_  
Father's Email Address: \_\_\_\_\_

If you do not wish to receive the information to both emails list above, please indicate below the email address you wish to use.

**\*\*All information will be sent in either PDF or Word format depending on what is being sent.**

Please assist us in better understanding the needs of our school community by answering the following questions. Please check all that apply.

Does your child have access to a computer in your home?

Yes  No

Do you have home internet access?

Yes  No

Does your child have access to the internet on your home computer?

Yes  No

Do you have internet access outside your home?

Yes  No

Please indicate the method of contact you prefer:

Email  Text  Phone



## HARBORDALE ELEMENTARY SCHOOL

Dear Parent:

In order for us to provide the safest and most beneficial programs for your child, would you please indicate below any health problems which might limit his/her activity.

Allergies \_\_\_\_\_

Asthma \_\_\_\_\_

Bronchitis \_\_\_\_\_

Heart Murmur \_\_\_\_\_

Epilepsy \_\_\_\_\_

Hernia \_\_\_\_\_

Severe Reactions to Bee Stings \_\_\_\_\_

Other (Please Explain) \_\_\_\_\_

Does your child need to take any medication daily?

\_\_\_\_ Yes \_\_\_\_ No

If yes, what medication? \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Harbordale Elementary School*  
*Aftercare Provider Information 2020-2021*

**Sunshine Aftercare**

Onsite Provider  
954-236-8850  
7900 Peters Rd. Bldg B Suite 101  
Plantation, FL  
[www.sunshinefl.com](http://www.sunshinefl.com)

**Methodist Church Aftercare**

Transportation Provided  
954-463-3758  
101 SE 3<sup>rd</sup> Avenue  
Ft. Lauderdale, FL  
[www.preschoolftl.com](http://www.preschoolftl.com)

**Delmar Arts Academy**

Transportation Provided  
954-537-9278  
1400 N. Federal Highway  
Ft. Lauderdale, FL  
[www.delmarartsacademy.com](http://www.delmarartsacademy.com)

**Kaizen Karate Aftercare**

Transportation Provided  
954-990-8025  
1356 SE 17<sup>th</sup> St.  
Ft. Lauderdale, FL  
[www.kaizenmmaftl.com](http://www.kaizenmmaftl.com)

**Kimling Academy**

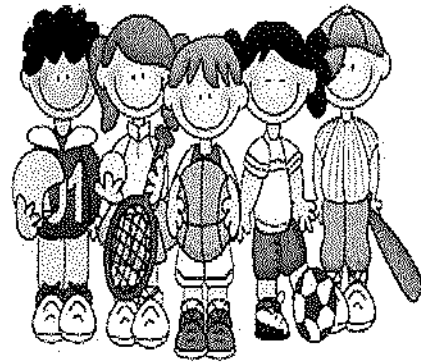
Transportation Provided  
954-564-3833  
3550 N. Andrews  
Oakland Park, FL  
[www.kimlingsacademy.com](http://www.kimlingsacademy.com)

**MUSE (Center for the Arts)**

Transportation Provided  
954-525-4004  
15 SW 7<sup>th</sup> St.  
Ft. Lauderdale, FL  
[www.musearts.org](http://www.musearts.org)

**After School Sports Camp – Holiday Park**

(City of Ft. Lauderdale Parks & Rec)  
Transportation Provided  
954-369-2008  
1200 G. Harold Martin Drive (Holiday Park)  
Ft. Lauderdale, FL





# Harbordale Elementary School

**School Emblem:**  
The Sailboat

**School Colors:**  
Red and White

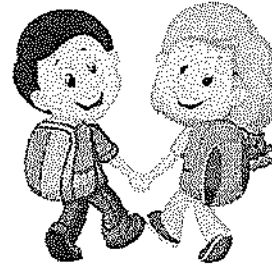
**School Mascot:**  
Dolphin

**School Uniform:**  
Red or White Polo Shirt  
(Optional - Embroidered with the logo)  
Navy shorts, pants or skirts  
(Must be solid navy, no stripes or  
embellishments allowed)  
Closed toe shoes  
NO jeans

Breakfast  
Warning Bell  
Tardy Bell  
Dismissal Bell  
After School Care (Sunshine)

**Office Hours:**  
7:30 A.M. - 3:00 P.M.  
754-323-6050  
(Voicemail is activated  
after 3 P.M.)  
Absence line -  
754-323-6052

**Emergencies Only:**  
Between 3 P.M. and 5 P.M.  
(754) 321-0725



**School Hours:**  
7:30 A.M. - 7:50 A.M.  
7:55 A.M.  
8:00 A.M.  
2:00 P.M.  
2:00 P.M. - 6:00 P.M.

**School Website is located at:**  
<http://www.harbordale.browardschools.com>  
<http://www.harbordalehsa.com>



## Unified Dress Program Information

### **Mandatory School Uniform**

#### School Uniform:

- Red or White polo shirt  
Embroidered with Logo (not required)
- Navy shorts, pants or skorts, jumper  
(must be solid navy, no stripes  
or embellishments on clothes)
- Closed toed shoes
- No Jeans or black leggings

#### **Debbie's Uniforms**

www.debbiesschooluniforms.com  
5223 W. Broward Blvd  
Plantation, FL 333317  
954-581-1761

Or

#### **EmbroiderMe**

www.embroidmestore.com  
1549 East Commercial Blvd.  
Fort Lauderdale, FL 33334  
954-938-1977

And

**Items may be purchased at local department stores**

**\*\*If items are purchased at a local department store, you may take them to Debbie's Uniforms or EmbroiderMe for the logo. They will embroider the logo for a fee.\*\***